

# Exhibitor Application

**Application Deadline: September 1, 2002**

**Company Information:** *Please complete the information exactly as you would like it to appear in conference materials.*

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Principal Contact: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

All correspondence will be with the person listed above.  
The principal contact will receive the complimentary conference registration.

## Names of individuals staffing the booth:

\_\_\_\_\_  
If there are individuals listed above that exceed your booth package allotment, you will be invoiced \$190 for each additional registrant.

## Brief explanation of services your company offers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Company web site address:** \_\_\_\_\_

As an exhibitor, there is no charge to link your company web site from the conference web site.

## OTHER OPPORTUNITIES

### Advertisements:

Please indicate size:

☐ Full-Page – \$500   ☐ Half-Page – \$300   ☐ Quarter-Page – \$175

### Promotional Brochures:

Please indicate if you would like your company's promotional brochures inserted in the conference bags for a \$100 fee.

☐ Yes   ☐ No

## Method of Payment:

☐ Check enclosed made payable to Friends of the Missouri Women's Council.

☐ Please Invoice   Purchase Order Number: \_\_\_\_\_

☐ Total Enclosed / Invoiced   \$ \_\_\_\_\_

**Please complete & return to:** Friends of the Missouri Women's Council

*Attn: Workforce Development Conference*

P.O. Box 1684

Jefferson City, MO 65102